

# New Client

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_

How Did You Hear about Us?(name): \_\_\_\_\_

Any Health Issues or Concerns: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

May we Text \_\_\_ Phone \_\_\_ Email \_\_\_ you of reminder appointments and Waitlist status? (Check all that apply)

Rank the Fitness Goals in order of priority **1 being least priority & 10 being highest**

\_\_\_\_\_ **Back Health,** \_\_\_\_\_ **Fitness,** \_\_\_\_\_ **Strength,** \_\_\_\_\_ **Fun,** \_\_\_\_\_ **Increase**

**Flexibility,** \_\_\_\_\_ **Increase Health,** \_\_\_\_\_ **Weight Loss,** \_\_\_\_\_ **Toning,**

\_\_\_\_\_ **Relieve Stress,** \_\_\_\_\_ **Increase Core Strength**

Circle classes you are interested in **AntiGravity, Yoga, Cardio, Barre, Volee, Bungee, high intensity or Personal Training.**

We may take pictures to post on Social Media & use in advertising. If you object to this please let us know. We will always use what we consider to be flattering photos however, if you ever see a photo of you that you do not like we will cease using it when you tell us to.

# WAIVER

I \_\_\_\_\_ (name of participant), in consideration of being allowed to participate in the Anti-Gravity®, Zumba Fitness, Guns, Buns and Six Packs, Body Sculpt, Yoga and any other fitness classes at the Fighting Gravity Fitness facility located at 1911 West Cary Street, Richmond, Virginia 23220, I do forever waive, release and discharge Audrey Bonafe', Fighting Gravity Fitness, LLC ("FGF") and any other instructor, employee or agent of FGF (collectively the "Released Parties") from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by negligent acts or omission of any of those mentioned or others acting on their behalf arising out of or connected with my participation in this activity.  
\_\_\_\_\_ (Please initial)

I fully understand that the fitness classes I will participate in are physically demanding and strenuous and that I may injure myself as a result of my participation in this activity and forever waive release and discharge the Released Parties from any liability now or in the future, including but not limited to muscle or ligament tears, strains, sprains, pulls, broken bones, dislocations, joint problems, shin splints, heat exhaustion, knee, back, hip, foot, head or neck injuries, bladder injury, as well as the potential for heart attack, paralysis or death, however caused, occurring during or after my participation in any fitness class. \_\_\_\_\_ (Please initial)

I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in this activity. I understand that a medical examination to assure my physical fitness is suggested and desirable and obtaining such examination is my own responsibility. I acknowledge that I have had a physical examination and have been given my physician's permission to participate in this activity or I have decided to participate in this activity without the approval of my physician and I assume all responsibility for my participation in this activity. I fully understand that I am forever giving up, in advance, any right to sue or make claim against the Released Parties if I suffer any injuries or damages, even though I do not know what or how extensive those injuries or damages might be. I have been advised of, and am voluntarily assuming the risk of, those injuries or damages. \_\_\_\_\_ (Please initial)

I understand that Audrey Bonafe' and FGF, by providing and maintaining a fitness class and permitting my participation therein, does not constitute an acknowledgement, representation or indication of my physical or physiological well-being or a medical opinion relating thereto and in fact no representations or warranties are made in regards thereto. \_\_\_\_\_ (Please initial)

By signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability Form, understand it and sign it voluntarily as my own free act and deed and am not under any physical or emotional duress to sign. I am at least eighteen (18) years of age and fully competent. In case of emergency, I agree to allow the above parties to call for emergency medical assistance and I am aware that I am financially responsible to those medical services. \_\_\_\_\_ (Please initial)

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Parent or Guardian if Participant is under Eighteen (18) years of age: (Print name)

\_\_\_\_\_

(Signature) \_\_\_\_\_